

WORK SEARCH LOG



Name: _____

Last 4 Digits of Your Social Security #: _____

Please provide detailed information for your required number of weekly work search activities in the space provided below:

Week of _____ to _____ (Sun. – Sat.)

COMPANY #1

Name of Company:		
Address:		
City:	State:	Zip Code:
Name of Contact Person:		
Phone:	Email:	
Method of Contact <i>(in person, phone, email, fax, etc.):</i>		Date of Contact:

COMPANY #2

Name of Company:		
Address:		
City:	State:	Zip Code:
Name of Contact Person:		
Phone:	Email:	
Method of Contact <i>(in person, phone, email, fax, etc.):</i>		Date of Contact:

COMPANY #3

Name of Company:		
Address:		
City:	State:	Zip Code:
Name of Contact Person:		
Phone:	Email:	
Method of Contact <i>(in person, phone, email, fax, etc.):</i>		Date of Contact: